STATE & MOVERS FORM

© H1 TAX SERVICES CORP

LAST NAME	FIRST NAME		MIC	DDLE
ARE YOU REQUIRED TO FILE MULTI	PLE STATE INCOME TAX RETURNS?			
Please review your W 2 and the no	estudia vari magaina di lagti nagar. Vari magaina	ad to confirm ve		
riease review your w-2 and the par	ystubs you received last year. You may ne	eed to commin yo	ur state tax nabilities.	
work in New York City). In these ca	o commute from their state of residence a ses, your employer may have withheld ta If this is your situation, you may not need	xes for the state	you work in, but did no	ot withhold
income and withheld taxes to multi	where worksites were located in different ple states. The same may be true if you r us help you determine your true tax liabi	elocated from yo	our previous home and	moved to a
	that our office review your paystubs, per analysis to reduce specific state tax liabili		- 400000	te tax
THANK YOU AGAIN FOR YOUR TIME	E AND TRUST!		~(0)	
DID YOU <u>LIVE</u> IN STATE "A" AND <u>CC</u>		res O NO		
PLEASE CONFIRM YOUR HOME STA	TE AND THE STATE YOU COMMUTE TO FO	OR WORK:		
NAME OF YOUR HOME STATE (PRIN	MARY RESIDENCE STATE):			
NAME OF THE STATE YOU COMMU	TE TO (WORK LOCATION):			
NOTE: YOU DO NOT	NEED TO SUBMIT THIS FORM IF THE SITUA	ATIONS BELOW D	O NOT APPLY TO YOU	
		•		
DID YOU <u>LIVE</u> IN MULTIPLE STATES PLEASE SHARE DETAILS OF YOUR ST				
NAME OF THE STATE YOU LIVED IN	ON JANUARY 1 ST OF LAST YEAR:			
DATE YOU MOVED OUT OF THIS ST	ATE:	/	1	
NAME OF THE STATE YOU LIVED IN	ON DECEMBER 31 ⁵¹ OF LAST YEAR:			
NOTE: PLEASE SUE	BMIT THIS FORM IF YOU LIVED IN MULTIP	LE STATES LAST Y	EAR. THANK YOU!	
	_			
DID YOU <u>WORK</u> IN MULTIPLE STATE	SLAST YEAR? O YES O NO			
PLEASE SHARE DETAILS OF YOUR ST				
NAME OF THE STATE OF EMPLOYM	ENT ON JANUARY 1 ST OF LAST YEAR:			
DATE OF CHANGE (IF YOUR WORKS	ITE CHANGED TO ANOTHER STATE):	/		
NAME OF STATE WHERE YOUR WO	RKSITE MOVED TO:			
IF APPLICABLE: DATE OF CHANGE (I	F WORKSITE CHANGED AGAIN):	/		
IF APPLICABLE: NAME OF STATE WH	HERE YOUR WORKSITE MOVED TO:			
NAME OF THE STATE OF EMPLOYER	MENT ON DEC. 31 ST OF LAST YEAR:			

NOTE: PLEASE SUBMIT THIS FORM IF YOU WORKED IN MULTIPLE STATES LAST YEAR. THANK YOU!